

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of:
YAMAMOTO et al.

Application No: 10/735,331

Filed: December 12, 2003

Title: Percutaneous Removal of Sentinel
Lymph Node Using Contrast Imaging
for Identification

Attorney Docket No. MNOAP004

Examiner: RAMIREZ, JOHN
FERNANDO

Art Unit: 3737

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated as shown below.

| | Claims Remaining After Amendment | Highest Previously Paid For | Present Extra | Rate | FEE |
|---|-------------------------------------|--------------------------------|------------------|---------|---------|
| Total Claims | | | | \$9.00 | \$ 0.00 |
| Independent Claims | | | | \$43.00 | \$ 0.00 |
| Multiple Dependent Claims and Fee Not Previously Paid (\$280/\$140 if applicable) | | | | | \$0.00 |
| Total Fees | | | | | \$ 0.00 |

- ☒ Applicants hereby petition for a three month(s) extension of time to respond to the outstanding Office Action.
- ☐ Please charge \$0.00 to Deposit Account No. 50-1217 (Order No. MNOAP004). A copy of this sheet is enclosed.
- ☒ Enclosed is Credit Card Payment Form PTO-2038 authorizing a charge of \$525.
- ☒ Applicants believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicants hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1217 (Order No. MNOAP004).
- ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-1217 (Order No. MNOAP004). A copy of this sheet is enclosed.

Respectfully submitted,

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